

Bernalillo County

HEALTH AND SOCIAL SERVICES

111 UNION SQUARE SE, SUITE 300 ALBUQUERQUE, NEW MEXICO 87102 (505) 314-0310 ● FAX (505) 314-0470

FOOD ESTABLISHMENT PERMIT APPLICATION

Date Received	 _
Check No.	 _
Receipt No.	 _
Permit No.	 _

TERMIT ATTEICATION		Permit No.					
Fill in applicable blanks and mail original with a check or money order for the amount due, payable to Bernalillo							
County at 111 Union Square SE, Suite 300, Albuquerque, New Mexico 87102.							
ESTABLISHMENT NAME e-mail							
SITE ADDRESS, CITY, STATE, ZIP							
OWNER	PHONE		FAX				
ESTABLISHMENT MAILING ADDRESS, CITY, STATE, ZIP							
CONTACT PERSON	PHONE		FAX				
COMPANY NAME	PHONE		FAX				
COMPANY ADDRESS, CITY, STATE, ZIP (if different from above mailing address)							
TYPE OF PERMIT ☐ New Food Permit ☐ Renewal Food Permit	☐ New Non-Profit Food Non Profit ID No.	Permit	☐ Renewal Non-Profit Food Permit Non Profit ID No				
TYPE OF FOOD SERVICE ESTABLISHMENT							
☐ <u>Food Service Establishment</u>			☐ Food Processing Establishment				
□ Bakery □ Bar/Tavern □ Care Facility □ Child Care □ Adult Care □ Caterer □ Commissary □ Convenience Store □ Delicatessen □ Distributor/Warehouse □ Grocery □ Institution (school, etc.) □ Filtered Water	☐ Snack Bar ☐ Other:	ned ble	□ Bakery □ Beverage □ Bottled Water □ Distributor/Warehouse □ Dry Food □ Jerky □ Meat (butcher) □ Refrigerated/Frozen Food □ Seafood □ Shelf Stable Food □ Shellfish □ Other:				
☐ Yes ☐ No ☐ Pending Business License Number: Expires:							
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WATER SUPPLY (What is the source of your water	?)			
☐ Municipal Water Supply	☐ Individual Well			
Account No.:	Permit No. :			
☐ Community Water Supply	ly System Well			
Name :	Number/Name :			
FEE LISTING				
New Food Service Establishment - (restaurant, caterer, c	onvenience store, etc.)	\$200.00		
Renewing Food Establishment (restaurant, convenience manufacturer, grocery, meat market, seafood market, del warehouse/distributor, commissary, and caterer).	\$200.00 minimum, \$700.00 maximum based on 3/10 ^{ths} of 1% of annual gross receipts; not to exceed \$700.00 and not to be less than \$200.00.			
Secondary Retail –delicatessen, bakery, meat, seafood, g facility	rill within a permitted	\$200.00		
Bars/Taverns		\$100.00		
Mobile Unit – Self Contained		\$120.00		
Mobile Unit (Non-self-contained) or Pushcart		\$75.00		
Raw Food (Produce) Vending Stand, Raw Seafood Vend Non-Profit, Limited Menu Snack Bar	ling Stand, Seasonal	\$50.00		
Institutional Kitchen, Limited Menu		\$120.00		
Filtered Water Vendors		\$100.00 initial plan review and permit and \$25.00 annual renewal fee.		
Bernalillo County Owned and Operated Facility, Food B	ank	\$ 0.00		
Variance application		\$50.00		
Late Fees		Actual permit fee plus \$50.00 for each permit		
AFFIDAVIT OF GROSS RECEIPTS FOR PREV				
RENEWING FOOD ESTABLISHMENT, FOOD	PROCESSOR AND M	EAT MARKET PERMITS.		
I certify that the gross receipts for the above establish most recent calendar year beginning January 1 st through	ment was \$gh December 31st.	for the		
To determine your permit cost, multiply gross receipts by 0. minimum of \$200.00. If the amount is greater than the max applicable. If the amount is in between these two, you pay to Bernalillo County. (Example: \$75,000 gross annu \$225.00.	imum listed above, please hat amount. Checks or mo	pay the maximum of \$700.00 as ney orders should be made out to		
AMOUNT ENCLOSED: \$				
PRINTED NAME OF OWNER OR AUTHORIZE	CD AGENT			
SIGNATURE OF OWNER OR AUTHORIZED AGENT				
DATE				